

**APPLICATION FOR OFM WEBSITE ACCOUNT**

Fax completed application to OFM System Director fax 202-895-3669

**Type of Request**

<input type="checkbox"/> New Account	<input type="checkbox"/> Change to Existing Account	<input type="checkbox"/> Delete Account
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**Section 1 Applicant Information**

Country \_\_\_\_\_

<b>1. Surname</b>	<b>2. Given Name</b>	<b>3. Middle Initial</b>	<b>4. PID</b>
<b>5. Date of Birth (mm-dd-yyyy)</b>	<b>6. Telephone Number</b>	<b>7. E-mail Address</b>	
<b>8. Mission of Assignment</b>	<b>9. City</b>	<b>10. State</b>	<b>11. ZIP Code</b>

**Section 2 User Acknowledgement**

I understand that I am authorized to use this account only for the submission of applications for U.S. Department of State, Office of Foreign Missions and Office of Protocol services for the missions listed in Section 3 of this application. Any other uses of this account are strictly prohibited. I will not divulge my login or password to any other entity. I will notify OFM Systems if I have any reason to believe my password has been compromised. I further acknowledge that improper use of this account could result in adverse administrative action against me.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

**Section 3 Authorized Missions**

Mission	City	State	ZIP Code

**Section 4 Mission Administrative Officer Acknowledgement**

The applicant listed on this form is an accredited member of the Mission of Assignment referenced in Block 8 of Section 1 above. I certify that applicant should have the rights to submit applications for U.S. Department of State, Office of Foreign Missions and Office of Protocol services for the Missions listed in Section 3 of this application. I acknowledge if I am made aware of any improper use of this account I will provide all necessary assistance to address the situation through OFM Systems.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

**\*\*\*Mission Seal Required\*\*\*****Section 5 Office Of Foreign Missions Approval**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

## Privacy Act and Paperwork Reduction Statement

**\*AUTHORITIES:** Vienna Convention on Diplomatic Relations of 1961; Vienna Convention on Consular Relations of 1963; Diplomatic Relations Act (22 U.S.C. 254a-e); International Organizations Immunities Act (22 U.S.C. 288e (a)); Foreign Missions Act of 1982 (22 U.S.C. 4301-4316) as amended.

**PURPOSE:** The purpose of this form is to authorize access to the Office of Foreign Missions' electronic data submission (e-Gov) system. The information solicited on this form will be used to determine eligibility and create user accounts for the e-Gov system.

**ROUTINE USES:** The information provided on this form may be provided to other federal, state, and local government agencies for law enforcement, administrative or other statutorily authorized purposes. This information also may be provided to the employing foreign government or international organization.

**PAPERWORK REDUCTION ACT:** \*Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.